Medical Social Service

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MEDICAL SOCIAL SERVICE AS A VOCATION FOR WOMEN

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This series of bulletins is based upon information obtained in connection with the actual placement of women in business positions. In no case has the subject been approached from the viewpoint of theoretical research.

The information is somewhat fragmentary and local in character, yet it has been adjudged by several experts to give an accurate and fair statement of existing conditions.

Later editions of the bulletins may be able to give wider information in regard to conditions outside New England.

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The price of each bulletin is ten cents.

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1. SOURCES OF INFORMATION.

Interviews with fifty social workers who are now engaged in work for various social agencies in Boston. Of these, twelve are physicians, nurses, and social workers who are interested or engaged in Medical Social Service.

2. THE OCCUPATION: ITS NATURE AND SCOPE.

Medical Social Service is of comparatively recent development. Previously the physician had devoted his attention to medical diagnosis, and the social worker to social diagnosis, with no attempt made to combine the two. When attention was called to the relation between the two forms of work, a new vocation was opened for women.

Already this type of work finds expression in several distinct forms: (a) Hospital or Dispensary Work; (b) District Nursing; (c) School Nursing; (d) Preventive Work.

a. HOSPITAL OR DISPENSARY WORK.

In the out-patient department of hospitals and in dispensaries, as well as in the wards of the hospitals, it has been found to be both advantageous and practicable to employ social workers to make the connection between the hospital and the homes of the patients who come to these departments.

(1) *Nature of the work.*

(a) In the out-patient departments of the hospitals.

In some out-patient departments when the clinic is in progress, the social worker is present to assist the physician, to gather any information necessary from the patients, to explain the doctor's orders to those who do not understand, and also to give the physician any necessary

details regarding the home conditions of the patients. In some clinics the worker must be a trained nurse, but in many, a woman who has had social service training and who is interested in medical problems is able to do the work.

In some departments, also, the worker is not present at the clinic, but receives her instructions from the physician after the clinic is over.

(b) In the home.

After the clinic the social worker visits the patients in their homes. She shows them how to follow the doctor's orders, and explains the significance of those orders. Sometimes she finds from the home conditions that it is impossible for them to follow these orders, and in that case a different treatment may prove to be wiser for them. If necessary to have help in order to secure the proper treatment or apparatus, such as braces, etc., she raises the money herself, or secures the assistance of the proper agencies. She helps patients to secure the change of work they need, and, in short, she becomes the friend who helps the patient to secure the social environment and care which will aid him in following the treatment recommended and in becoming strong and self-supporting again.

(c) In the wards.

In some hospitals social workers are employed in the wards to make the connection between the home and the ward patients. The work has been found particularly valuable in the large maternity wards and in the work for convalescents, where a knowledge of conditions in the homes makes it possible to guard the patient or to prevent a relapse when she returns home.

(2) *Possibilities of the work.*

Social work of this nature is new, and its possibilities can only be forecasted. Already in the few years in which social work has been attempted in connection with medical work, the work has spread to many hospitals over the country.

In the dispensaries the special work has been with unmarried mothers, tuberculosis patients, nervous patients, hygiene for children, etc. The work has a special economic value in calling attention to occupational diseases and to the social significance of certain forms of disease.

Already in many ways the value of a social worker to follow up cases, and to keep the physician in touch with those outside conditions which play so important a part in the healing, has proved to be an essential feature of successful medical treatment.

b. DISTRICT NURSING.

District nursing is usually under the management and direction of some local association which is maintained by private philanthropy. The work involves caring for those who are ill but unable to pay for a regular nurse for the full time. The charge for a district nurse is nominal, varying with the kind of case, the attention involved, and the resources of the family. Calls for a nurse may be sent in by an individual, by the district physician, or by any other physician employed or interested in the case.

All work is arranged through the central office and the branch offices.

(1) *The Central Office.*

At the central office a very complete system of recording cases is kept, made up from the daily reports of the nurses. The workers are assigned to their various districts, and emergency calls attended to from this office.

In Boston the Association maintains a training school for district nursing, which is open only to graduate nurses, and aims to give special training in district work or in the social side of nursing.

(2) *The Branch Offices.*

Numerous branch offices are established at convenient points throughout the city. These are made the centre for the district nursing of that section, and ten or twelve of the nurses have their headquarters there. All calls for nurses from the different physicians, social workers, etc., come to the branch offices and are distributed to the nurses of the different districts by the supervisor who has charge of the branch office. The work of the nurse may be divided into

(a) Work at the office.

At a definite hour in the morning and in the afternoon the nurses report at the branch office. Each nurse receives the calls which have come from her district. She consults the physician, if necessary, about new cases, and makes her report on the cases already on her list. Then she visits her list of patients for the day.

(b) In the homes.

When the nurse visits the home of any patient, she cares for the physical needs of the patient in accordance with the doctor's orders. Besides this, she must meet any emergency that arises in the case. If she finds the patient suffering because of improper food, she must apply to the right agencies for assistance. She must teach the mother the principles of giving proper care to children, of fresh air, cleanliness, etc. The nurse also tries to do some friendly

visiting in her district, to keep in touch with those who have been her patients.

(c) Keeping records.

Each case which comes under the care of the district nurse is carefully recorded and kept on file. The history of each family, as well as of the patient, is recorded, so that all necessary details may be available should any need arise. When a case is finished, all records concerning it are filed at the central office.

c. SCHOOL NURSING.

School nursing seems to offer a very definite opportunity for a particular form of social service when the nurse is interested in the social as well as the medical side of her work.

(1) *Nature of the work.*

Each school nurse is assigned to one or more school districts, which she must visit at regular stated times. The work of the nurse may be divided into:

(a) Work at the school.

Her duties are to be present and assist when the medical inspector makes his examinations of the children; to record all cases examined by the medical inspector; and to make use of his suggestions in "following up" the cases in the home; to attend to all cuts and bruises reported by the teachers; to receive requests from the teachers and to look up any child who is absent from school and who the teacher thinks may need attention; to take any children needing it to the dispensary to have eyes tested for glasses, throat or nose examined, to the dental clinics, etc.

(b) Work in the home.

After the regular hours at the school,

the nurse goes to the homes to look up special cases which have been reported to her. She may hold strictly to the medical side of the work, caring for the child in accordance with the orders of the medical inspector. If the nurse has the social service instinct, however, she will find many opportunities of teaching the mother about the special needs of her child. She will explain to her what the orders of the physician mean, show her how to improve upon her method of caring for the other children, etc. She will be able to coöperate with other persons who are interested in work for the family.

(2) *Extent of the work.*

In all homes the centre of interest seems to be the child, so that the school nurse who comes to help the child has a ready welcome to the home and is admitted at once to the confidence of the family. The nurse's badge is the best excuse for entrance into any home, and when the nurse comes to help the child she has a large opportunity for real social service in that family. For this reason, it seems very likely that this form of work will more and more require a trained social worker as well as a trained nurse.

The work is new, but already it has increased so that at present a school nurse is found in many schools.

The best opportunity of the future for the school nurse undoubtedly lies in her appreciation of the possibilities of service in the homes, in making the connection with the work of the schools, and in seeing that the orders of the medical inspector of the schools are followed in detail.

d. PREVENTIVE WORK.

This work is largely educational. It is new and more or less indefinite. At present in Boston it is taking two distinct forms:

(1) *Work for the prevention of tuberculosis.*

All work concerned with the prevention of tuberculosis is either educational or remedial.

(a) Educational work.

This phase of the work is carried on mainly through the central office which arranges lectures and the distribution of charts and leaflets showing the details of the disease and methods for preventing the contagion. The work is in charge of the general secretary and his clerical assistants. Whenever it is necessary to make special investigations in the homes or for particular phases of the work, special investigators are engaged to perform a certain specified piece of work. These are highly trained specialists for the work in hand. No regular investigators are engaged.

(b) Remedial work or care of the sick.

This phase of the work in Boston is under the direction of the Consumptives' Hospital, which is under municipal control. In connection with their outpatient department they have a force of nurses who devote their time to work for the patients in their homes and to caring for all who are suffering from the disease in their districts. These workers have the regular nurse's training and some social service training or experience.

(2) *Work for infants.*

Work of this sort finds expression in the

work of organizations such as the Milk and Baby Hygiene Association.

(a) Nature of the work.

The work consists of

1 — Supplying at nominal cost pure milk prepared according to special formulæ of the physician; keeping careful watch over babies taking this milk to see that the formula is changed when necessary; keeping full records of each baby using the milk.

2 — Visiting in the homes.

The nurse spends a large part of each day visiting in the homes of those women whose babies are using the milk from her station. Her duties are to teach the mothers, whenever possible, to nurse their babies, how to care for them, the need of fresh air, cleanliness, and regularity in all habits. The work is entirely with babies that are normal. When the nurse finds a baby who is ill, she directs the mother where to go to secure the necessary treatment.

(b) The workers.

Graduate nurses are required for this work. They must also have had a special nurse's course in work for children and some training in social service.

3. The Person: Qualities and Training.

a. QUALITIES.

Love of humanity, enthusiasm and interest in the medical side of social service, ability to enter into the problems and needs of others, ingenuity, sound judgment, ability to interpret situations and understand people, tact, forcefulness, a sense of humor, and physical strength.

b. TRAINING.

There are three possibilities for the woman who is deeply interested in medical social service.

(1) She may be a nurse trained in one of the best hospitals in the country.
In this case she should have a deep interest also in the social needs of men and women. Preferably she should add to her training at least a short course in social work.

(2) She may be a trained social worker with an interest in the medical side of the work and an instinctive ability to do the thing needed in a case of sickness. She may acquire the necessary medical technique from her work by attending the clinics and by study of the medical problems which come to her attention.

(3) The ideal training for this work is that of the graduate nurse and the trained social worker. This gives the worker an intimate knowledge of all the various types of problems which will come into her hands.
The work is so new at present that few have this full training. It is a question upon which there is a difference of opinion, whether, in case only one kind of training can be secured, it is preferable to have the trained nurse with social interest, or the trained social worker with a medical interest. In the last analysis it is always the personal equation that decides.

5. THE PAY: POSITIONS AND OPPORTUNITIES.

a. POSITIONS AND SALARIES.

(1) *Hospital or dispensary work.* (The salaries vary in different institutions.)
Social Workers, $600–$1,000 (car fares allowed).
Head Workers, $1,000–$1,500.
Organizers may hope to receive from $1,500–indefinite.

(2) *District nursing.* (Must be graduate nurses with social service experience.)
Supervisors, $900–$1,200.

Nurses, $700–$900 (uniforms and car fares allowed).

(3) *School nurses.*

Graduate and registered nurses, $600–$800 (car fares allowed).

(4) *Preventive work.*

Investigators. When employed occasionally, the salary depends upon the work to be done and the particular qualifications necessary. $1,200. Graduate nurses with social service experience, $900.

b. OPPORTUNITIES.

Medical social service is a comparatively new field. The work, however, is developing rapidly all over the country. There is a greater demand for trained workers in every phase of the work than can be supplied at present. The outlook in this field is perhaps greater than in any other, unless it be in charity organization work, but the qualifications make it open only to the highest type of workers.

6. CENSUS BUREAU REPORTS.

In the 12th (1900) U. S. Census Reports no special classification is made for social workers.

7. BIBLIOGRAPHY.

Social Service and the Art of Healing. Cabot, Richard C. New York, Moffat, Yard Co., 1909.

Medical Social Service. Cannon, Ida M. Massachusetts General Hospital. (In preparation.)

Social Service Work of the Massachusetts General Hospital. Annual Reports of the Massachusetts General Hospital, 1906-1911.

Hospital Social Work. Pelton, Garnet Isabel. New York Survey, 1910.

New Ideals in Healing. Baker, Ray Stannard. New York, Stokes, 1909.

Convalescent Relief Work. Bellevue Hospital. New York, 1908.

Medical Charities of Manhattan and the Bronx. Lattimore, Florence Larabee. New York, State Journal of Medicine, February, 1905.

Visiting Nurses in the United States. Waters, Yesabella. New York, Survey, 1910.